

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90127 013 ****61.25

DOCUMENT # 707709



1. Entity Name
THE FIRST CHRISTIAN CHURCH OF CAPE CORAL, INCORPORATED

Principal Place of Business Mailing Address
**2620 COUNTRY CLUB BLVD
CAPE CORAL FL 33904
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1061240**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAUEGER, KEITH Z DR - MISPELLED
2573 SW 28TH PL
CAPE CORAL FL 33914**

Name **KRUEGER, KEITH L DR**
Street Address (P.O. Box Number is Not Acceptable)
SAME
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	TRIPP, ARTHUR E	
STREET ADDRESS	5248 WILLOW CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FILBY, DAVID	
STREET ADDRESS	3529 SE 2ND PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	STUNTZ, DEAN	
STREET ADDRESS	1445 NW 29TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33993	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FINE, RONALD W	
STREET ADDRESS	1626 SE 13TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	E	<input type="checkbox"/> Delete
NAME	MILLER, GREG	
STREET ADDRESS	7400 COLLEGE PARKWAY #61-D	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JOSEPH	
STREET ADDRESS	1828 SW 30TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN GILHAM	
STREET ADDRESS	1452 VIKING COURT	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Tripp	
STREET ADDRESS	2014 SE 12th Street	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY JONES	
STREET ADDRESS	4218 SE 3RD AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAMARA WEAVER	
STREET ADDRESS	2932 SW 9th Avenue	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur E. Tripp* 1-22-03

CR2E037 (10/02)